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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 4342-0121PUS1
Application Number	10/588,454-Conf. #5756	Filed December 5, 2006
For USE OF N-(2-ARYL-PROPYNYL)-SULFONAMIDES FOR THE TREATMENT OF SPINAL CORD INJURY		
Art Unit	1628	Examiner C. R. Stone
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$150	Small Entity Fee \$75
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$560	\$280
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1270	\$635
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1980	\$990
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2690	\$1345
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the	<input type="checkbox"/>	applicant/inventor.
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>36,623</u>
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____
<u>Mark J. Nuell</u> Signature		November 17, 2011
Mark J. Nuell, Ph.D. Typed or printed name		Date (858) 792-8855 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of	1	forms are submitted.